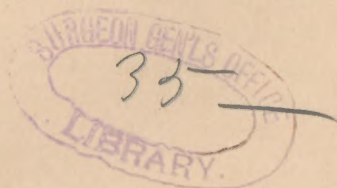
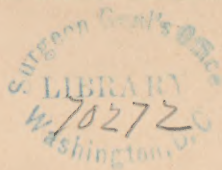


Folsom (C.F.)

THE
TREATMENT OF INSANITY
IN ENGLAND AND IN AMERICA.

✓
BY CHARLES F. FOLSOM, M. D.

[REPRINTED FROM THE BOSTON MEDICAL AND SURGICAL JOURNAL, DECEMBER 9, 1875.]



THE TREATMENT OF INSANITY IN ENGLAND AND IN AMERICA.

A RECENT editorial in *The Lancet*,¹ on the treatment of insanity in America, recalls one of Mr. Hosea Biglow's moral reflections:—

“Of all the sarse thet I can call to mind,
England *doos* make the most onpleasant kind;
It's you're the sinner ollers, she's the saint;
Wut's good's all English, all thet is n't ain't.”

It would be difficult to guess from what source the writer got his information, but we have no hesitation in saying that his statements are in letter and spirit utterly false; and we should be justified in using much stronger language. He says, “There can be no question that the custom of slave-holding, and the brutalizing *régime* from which it is inseparable, have blinded and blunted the sensibilities of a people in other respects remarkable for their intelligence and enlightenment, to one or the most obvious and urgent teachings of modern science, namely, that mental derangement is distinctly a disease, and susceptible of relief or remedy by measures suitably devised and properly administered. It is surprising, but unhappily it is notorious, that in the United States the treatment of lunatics can hardly be said to have made much progress even in the stage of development which we have reluctantly described as the ‘humane.’ The sort of humanity which sways too many governors of asylums in the United States might indeed be inspired by a rule similar to that said to have been made for the officers of Bethlehem Hospital after the removal to Moorfields in 1675: ‘No keeper or servant shall beat or ill-treat a lunatic without he considers it absolutely necessary for the governing of the lunatic.’”

To express the exact truth in regard to these assertions, we should be obliged to use a strong Anglo-Saxon monosyllable not in good use among gentlemen; and there are now in England many alienists who know enough of our institutions to say that we would be right in doing so.

It must be acknowledged that the want of frequent and thorough visitation of our asylums by persons not in any way connected with their government allows abuse in individual cases; but even in regard to these the language which we have quoted would be far too strong. The less said about the New York and Philadelphia city asylums, for instance, the better. The county asylum twelve miles from Chicago is still worse; it is a disgrace to our civilization; early in the past summer, out of about three hundred patients six were in irons. Of these six, three were fastened by a few iron links (the whole not over a foot long), connecting their handcuffs to a wall or to a chair. The only thing that can be said of such barbarous treatment is that it is used also to some extent in Russia.

¹ Vol. II., 1875, No. XX.

Our State asylums, however, are very different institutions. The superintendents are picked men, selected for their intelligence and humanity; and any cruelty on their part would be followed by immediate discharge. As a rule, they give much more of their time to their patients than is done in England. It is these asylums to which allusion is made; for in the article referred to is the following statement: "They adhere to the old terrorism tempered by petty tyranny. They resort to contrivances of compulsion; they use, at least, the hideous torture of the shower-bath *as a punishment* in their asylums, although it has been eliminated from their jails. And, worse than all, if the reports that reach us may be trusted, their medical superintendents leave the care of patients, practically, to mere attendants, while devoting their own energies principally to the beautifying of their colossal establishments." Where in America can be found such "colossal establishments" as Colney Hatch, Hanwell, and the county asylums at Wakefield, Barming Heath, Prestwich, and Lancaster Moor?

We would remind the editors of *The Lancet* that the "humane" treatment of insanity was largely introduced in England by the efforts of a distinguished American philanthropist, Miss Dix; and that they need not go back to the parliamentary report of 1815 to find abuses and horrors in the treatment of mental disease such as never existed in the United States.

Mr. R. Gardiner Hill, once surgeon of the Lincoln Asylum, in describing the prevailing treatment of insane persons in England in 1840 (*British and Foreign Medical Review*, January, 1840, page 145) says, "The keeper or keepers kneel upon his body, thrust their knuckles into his throat, beat him, and bruise him, until they succeed in overcoming him." We would respectfully refer the ignorant writer of the article in *The Lancet* to Mr. R. Gardiner Hill's book, on the Non-Restraint System of Treatment in Insanity, to the report of the select committee in 1859, to the minutes of the Lincoln Asylum, to the twenty-nine reports of the lunacy commission, to Mr. Arlidge's book on the State of Lunacy, and to two books by Dr. Conolly, *The Construction and Government of Lunatic Asylums*, and *The Treatment of the Insane without Mechanical Restraints*. Finally, if he has not convinced himself that only one third of a century ago the treatment of insanity in England was a blot upon their civilization, let him, if he has the heart to go farther, read a dozen pages of Miss Dix's private diary.

In 1773, the first insane asylum was established in the United States, and was conducted on "humane" principles. Three years previous to that time the managers of the Bethlehem Hospital ("Bedlam"), in London, were exhibiting their patients to the populace at a penny a head!

We grant that the best English asylums have far exceeded us in the rapidity of their improvement, that thirty years of supervision by the commissioners in lunacy have rendered systematic abuse and neglect of patients on the part of officers well-nigh impossible, that in abolishing mechanical restraint they have succeeded in reducing in a great degree the amount of medicine and seclusion used; but we would like to have the privilege of pointing out some of the seventy-two public and one hundred and forty private asylums where the treatment is certainly not intelligent, and where it seemed to us that there was what we in America should call neglect.

Does it not look as if in some, at least, of the English asylums the medical superintendents do not even "leave the care of patients, practically, to mere attendants," when the commissioners say, "For some years our attention has been directed to the large number of epileptic patients who are found dead in bed, and to the occurrence of suicides during the night, more especially in public asylums?"¹ Patients in our State asylums (our county asylums are more nearly allied to the English work-houses and poor-houses) are not left so much to the attendants as in England, and our attendants are not so brutal as the English. We have heard English superintendents acknowledge this fact; and they say freely to physicians, although not to the public, that the stories of broken ribs in English asylums are not simply the fictions of Mr. Charles Reade's fertile brain, but the sober, solemn truth.

For the benefit of a man who thinks that "the time has passed when a modest consciousness of our own shortcomings might restrain the impulse to remonstrate with the responsible managers of asylums in America," we will content ourselves with a few extracts from the Twenty-Eighth Annual Official Report of the Commissioners in Lunacy (London, 1874), although we must say that we find in them from year to year *a good deal* that is melancholy reading.

"In the case of a female patient, . . . who hung herself with a piece of tape which she had fixed to the casing of a water-closet door, some doubt arose whether the nurse in charge had been informed of this woman's suicidal disposition." (Page 29.)

"On the first of July it was discovered that he" (J. C.) "had fractures of the breast-bone, and also of three ribs on each side; . . . upon *post-mortem* examination, it was found that on the right side the third, fifth, sixth, eighth, ninth, tenth, and eleventh ribs were fractured, some in two or three places, and the fourth rib was detached from the breast-bone. On the left side, the seventh, eighth, ninth, tenth, and eleventh were broken and the fifth detached. There was a transverse fracture of the breast-bone opposite the cartilage of the fourth rib on each side." He was a patient "often requiring to be held." (Page 30.)

"Apart from the case of J. C. and the fatal violence to which he was subjected, it appeared to us that there was strong evidence that the arrangements at the — asylum for the care and treatment of the impulsive and dangerous class of patients, especially in the male division, were very defective; . . . and above all that it was of the highest importance that there should be more vigilant and constant supervision of these departments of the asylum by Dr. — and the assistant medical officers." (Page 31.)

"That a patient with strong suicidal tendencies, and apparently not violent, should have been placed to sleep in a single room at all, and especially in one offering such facilities for accomplishing his object, showed great want of ordinary precaution." (Note on a case of suicide, page 34.)

That the circumstances of one accidental death showed "both laxity of discipline and great carelessness." (Page 34.)

"An old man was found two days after his admission to have received fractures of two or three ribs on the right side. . . . It appeared that he . . .

¹ Twenty-Ninth Report, 1875, page 20.

'fell, or was put down,' and that afterwards 'four or five of them' were about him and that he was pressed or knelt on." (Page 35.)

"We communicated to the medical superintendent our opinion that there was grave laxity of supervision." (Note on an "accidental death" from scalding in a bath-tub, page 37.)

"In the case of a male patient, whose death took place in March last, fractures of six ribs were discovered." (Page 38.)

"The death in this asylum of a male patient of strong and well-known suicidal disposition was so entirely due to negligence on the part of the chief attendant of the ward, that the resolution of the visitors that he should be severely reprimanded, but in consequence of his long service and excellent character should be allowed to retain his situation, appeared to the board the most lenient treatment for so serious an offense." (Page 39.)

"Shortly afterward another suicide of a female patient took place in the same asylum, when we again felt called upon to express our opinion that the attendants were to blame." (Page 40.)

"A male epileptic patient was drowned in a bath, which had been partly filled with water for the purpose of cleaning the ward, and into which he fell in a fit." (Page 41.)

"Three cases of suicide of patients belonging to — Asylum took place during the past year." (Page 41.)

"Portsmouth and Southampton continue without any efficient provision for their lunatics." (Page 44.)

"On inquiring into the circumstances, we came to the conclusion that this lamentable event" (suicide by hanging, the patient having been dead several hours when seen) "was mainly attributable to a neglect of the most ordinary precautions." (Page 47.)

"The patient hanged himself from a ventilator, . . . where he was found dead in the morning." (Page 50.)

"A male private patient in this house was very severely assaulted on the 3d of December by two attendants named — and —, and he was found to have been so seriously injured as for a time to place his life in danger." (Page 52.)

But we will close this wearisome tale, merely referring our English friends to pages 53–63, 67, 69–71, 74, and 75, of the same report. The most deplorable accident of all was that by which England lost a most valuable citizen, Mr. Lutwidge, one of the commissioners in lunacy, killed by an insane man with a sharpened nail.

Dr. Manning, in his Report on Lunatic Asylums (1868), a work of unquestioned authority, states of the shower-bath in England, "In some asylums it is used as a means of correcting faulty habits, but for these purposes the shock only is required." (Page 121.) We would like to ask whether that means *punishment*. If the editor of *The Lancet*, in his "spirit of self-sufficiency," knows a single State or private insane asylum in the United States where the shower-bath is still used as a means of punishment, we would be very grateful to share his information.

We have already said that the writer of the article which we are criticising

s ignorant. We can pardon him and the Earl of Shaftesbury (formerly chairman of the lunacy commission), whom he quotes, for saying that "the whole history of the world, until the era of the Reformation, does not afford a single instance of a single receptacle assigned to the protection and care of these unhappy sufferers, whose malady was looked upon as hardly within the hope of medical aid." The monks had an insane asylum at Jerusalem in the sixth century, and the ancient Egyptians had temples dedicated to Saturn for the cure of mental disease, which, in the matters of freedom from restraint, amusements, employments, etc., would put to the blush most of the English asylums of the present day. The Gheel colony dates from the seventh century.

This is not the place to discuss the question of mechanical restraint, except to say that the majority of American superintendents consider its use the *most humane* means at their disposal in certain cases.

We will close with a few extracts from three private letters received from the first authorities in England:—

"I am sorry to find that the locks, bolts, and bars which at one time rendered English asylums such prisons are still thought necessary in your part of the world. The greatest possible good has attended the abolition of these in England, and now many patients are allowed to walk out unattended on their parole, and rarely abuse the privilege." (November 5, 1875.)

"I must say that I think they" (American superintendents) "have not yet arrived at that point from which the treatment and management of the insane become easy, namely, the point where the doctor has no fear of his patient. . . . You have no idea, in the States, of the amount of freedom under due supervision which our lunatics get; and it is constantly being increased, and with the best results. We are now pretty well rid of the old superstitious fear of the insane; and where the bounds of insanity have been so much enlarged it was time that this should be so." (October 31, 1875.)

"The neighborhood of London is about the worst we have for sample asylums. The old chartered hospitals for the insane are antiquated, and the new county asylums are vast receptacles for the insane, badly managed and governed. I do not think your hospitals for the insane of the McLean type are much behind the age, nor the State asylums in your States, barring the question of mechanical restraint; but some of your city asylums are really disgraceful to you as a people; those at — and — I can point to as iniquitous." (August 18, 1875.)

We welcome all such candid criticisms, based upon actual knowledge; but we have discarded the old rhetorical artifice of "slandering stoutly that something may stick."

